

Novell School License Agreement
KDE Novell SLA

June 9, 2000

School or School District Name:

Novell, Inc., 1800 S. Novell Place, MS-Q320, Provo, UT 84606
Charity Hardman (800)-453-1267 Ext. 18457, Fax (801)-222-2477 or Joan Brutscher (502)-491-4103

ITEM	Annual Cost Per Enrolled Student	# of Enrolled Students	Total Cost
Novell School License Agreement (*Includes choice of three of the products listed below.)	\$2.00		\$0
Please list the three products here:			
If additional products from the list are desired, please enter the title(s) in the spaces provided below.			
	\$0.50		
	\$0.50		
	\$0.50		
	\$0.50		
	\$0.50		
	\$0.50		
Total Education Technology Funds Requested:			\$0

*The School License Agreement package includes your choice of three of the following products:

NetWare
ZENworks for Desktops
ManageWise & ZENworks for Servers
GroupWise & Novell Internet Message Server
NDS Corporate Edition (NDS for NT, Solaris, Linux)
Novell Cluster Services
Single Sign-On
BorderManager Enterprise Suite
New Novell Enterprise Web Server

Novell's School License Agreement is an annual subscription program that makes it easier for schools and/or school districts to stay current with technology by paying a flat per student annual fee. The SLA would allow Schools and/or Districts the right to use a bundle of multi-product software licenses while participating in the SLA agreement.

The SLA agreement term is three years, renewable in one year increments. Meaning Novell will commit to the pricing for 3 years but the Schools and/or Districts can elect to renew or not to renew on an annual basis. Schools or Districts will have their own individual agreements and would be responsible for their individual annual renewal fee.

The cost of these items will be taken out of the District's Allotment for this line item. We verify this has not gone over the State Master Plan budget for this line item (State Board Approved Master Plan of 1998-2000). We verify we have sufficient Education Technology Funds in our account to cover these expenditures:

Financial Officer Name:

Date:

District Technology Coordinator Name:

Date:

I verify the District has correctly filled out their request form and may proceed to PURCHASE KETS Technology.

KETS Regional Engineer Name:

Date: